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7/18/02

UNITED STATES DISTRICT COURT FOR THE
 NORTHERN DISTRICT OF ILLINOIS

MICHAEL W. DOBBINS
 CLERK, U.S. DISTRICT COURT

-IN FORMA PAUPERIS APPLICATION
 AND
 FINANCIAL AFFIDAVIT

George Benton Childress
 Plaintiff

v.

Nedra Chandler, et al.,
 Defendant(s)

08CV2960
JUDGE ZAGEL
MAG. JUDGE DENLOW

Wherever ☐ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:

I, George B. Childress, declare that I am the ☐ plaintiff ☒ petitioner ☐ movant (other _____) in the above-entitled case. This affidavit constitutes my application ☐ to proceed without full prepayment of fees, or ☐ in support of my motion for appointment of counsel, or ☒ both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Question 2)
 I.D. # _____ Name of prison or jail: Dixon Correctional Center
 Do you receive any payment from the institution? ☒ Yes ☐ No Monthly amount: \$10.00

2. Are you currently employed? ☐ Yes ☒ No
 Monthly salary or wages: _____
 Name and address of employer: _____

- a. If the answer is "No":
 Date of last employment: _____
 Monthly salary or wages: _____
 Name and address of last employer: _____

- b. Are you married? ☒ Yes ☐ No
 Spouse's monthly salary or wages: State Pay (\$10.00)
 Name and address of employer: _____

3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same address received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.

- a. Salary or wages ☐ Yes ☒ No
 Amount _____ Received by _____

- b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No
Amount _____ Received by _____
- c. ☐ Rent payments, ☐ interest or ☐ dividends ☐ Yes ☒ No
Amount _____ Received by _____
- d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☐ workers' compensation, ☐ unemployment, ☐ welfare, ☐ alimony or maintenance or ☐ child support ☐ Yes ☒ No
Amount _____ Received by _____
- e. ☐ Gifts or ☐ inheritances ☐ Yes ☐ No
Amount _____ Received by _____
- f. ☐ Any other sources (state source: Prison pay) ☒ Yes ☐ No
Amount \$10.00 Received by Petitioner (George B. Childress
4. Do you or anyone else living at the same address have more than \$200 in cash or checking or savings accounts? ☐ Yes ☒ No Total amount: _____
In whose name held: _____ Relationship to you: _____
5. Do you or anyone else living at the same address own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No
Property: _____ Current Value: _____
In whose name held: _____ Relationship to you: _____
6. Do you or anyone else living at the same address own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? ☐ Yes ☒ No
Address of property: _____
Type of property: _____ Current value: _____
In whose name held: _____ Relationship to you: _____
Amount of monthly mortgage or loan payments: _____
Name of person making payments: _____
7. Do you or anyone else living at the same address own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☒ No
Property: _____
Current value: _____
In whose name held: _____ Relationship to you: _____
8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here ☒ No dependents

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: April 23-08

George B. Childress
Signature of Applicant

George Benton Childress
(Print Name)

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein, George B. Childress, I.D.# B82578, has the sum of \$ 323.82 on account to his/her credit at (name of institution) Dixon Correctional Center.

I further certify that the applicant has the following securities to his/her credit: unknown. I further certify that during the past six months the applicant's average monthly deposit was \$ see attached. (Add all deposits from all sources and then divide by number of months).

5/1/08
DATE

Nedra Chandler (sn)
SIGNATURE OF AUTHORIZED OFFICER

Nedra Chandler
(Print name)

Date: 4/30/2008

Case 1:08-cv-02960

Document 3

Filed 05/21/2008

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Time: 8:20am

**Dixon Correctional Center
Trust Fund**

d_lst_inmate_trans_statement_composite

Inmate Transaction Statement

REPORT CRITERIA - Date: 10/30/2007 thru End; Inmate: B82576; Active Status Only ? : No; Print Restrictions ? : Yes;
Transaction Type: All Transaction Types; Print Furloughs / Restitutions ? : Yes; Include Inmate Totals ? : Yes; Print
Balance Errors Only ? : No

Inmate: B82576 Childress, George B.

Housing Unit: DIX-NE-29-49

| Date | Source | Transaction Type | Batch | Reference # | Description | Amount | Balance |
|---------------------------|---------------|----------------------------|--------|-------------|--|---------|-------------|
| Beginning Balance: | | | | | | | 0.00 |
| 02/19/08 | Mail Room | 04 Intake and Transfers In | 050215 | 52125 | Pinckneyville C.C. | 178.65 | 178.65 |
| 02/20/08 | Point of Sale | 60 Commissary | 051726 | 563301 | Commissary | -52.44 | 126.21 |
| 02/28/08 | Mail Room | 04 Intake and Transfers In | 059228 | 52213 | Pinckneyville C.C. | 6.26 | 132.47 |
| 03/03/08 | Point of Sale | 60 Commissary | 063747 | 564405 | Commissary | -59.10 | 73.37 |
| 03/14/08 | Payroll | 20 Payroll Adjustment | 074115 | | P/R month of 02/2008 | 7.48 | 80.85 |
| 03/17/08 | Point of Sale | 60 Commissary | 077747 | 565938 | Commissary | -53.02 | 27.83 |
| 03/20/08 | Mail Room | 01 MO/Checks (Not Held) | 080228 | 71249 | State Bank of Lincoln | 505.00 | 532.83 |
| 03/21/08 | Disbursements | 88 Documents | 081315 | Chk #79173 | 88829504, Clerk, Appellate Cou, Inv. Date: 03/21/2008 | -23.60 | 509.23 |
| 03/27/08 | Mail Room | 04 Intake and Transfers In | 087228 | 52438 | Pinckneyville C.C. | 1.70 | 510.93 |
| 04/08/08 | Point of Sale | 60 Commissary | 099747 | 567966 | Commissary | -139.14 | 371.79 |
| 04/16/08 | Payroll | 20 Payroll Adjustment | 107115 | | P/R month of 03/2008 | 10.00 | 381.79 |
| 04/16/08 | Disbursements | 80 Postage | 107315 | Chk #79584 | 80831247, DOC: 523 Fund Inmate, Inv. Date: 04/10/2008 | -.17 | 381.62 |
| 04/22/08 | Point of Sale | 60 Commissary | 113726 | 569464 | Commissary | -57.29 | 324.33 |

Total Inmate Funds: 324.33

Less Funds Held For Orders: .00

Less Funds Restricted: .51

Funds Available: 323.82

Total Furloughs: .00

Total Voluntary Restitutions: .00

RESTRICTIONS

| Invoice Date | Invoice Number | Type | Description | Vendor | Amount |
|----------------------------|----------------|------|-----------------|--|---------------|
| 04/25/2008 | 80832835 | Disb | Postage 4/25/08 | 99999 DOC: 523 Fund Inmate Reimburseme | \$0.51 |
| Total Restrictions: | | | | | \$0.51 |